



Indiana Discharge Monitoring Report Form 30530
MONTHLY MONITORING REPORT (MMR) FOR NPDES INDUSTRIAL PERMITS

Revision Pending Approval - Jan. 2003

FACILITY NAME AND ADDRESS:

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Dept. of Environmental Management
Office of Water Quality / Data Management Section
P.O. Box 6015
Indianapolis, Indiana 46206-6015

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PERMIT NUMBER

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OUTFALL NO.

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MO.

YR.

EFFLUENT CHARACTERISTICS		FLOW	pH						
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition								
	Monitored								
FREQUENCY	Permit Condition								
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average								
	Permit Maximum								
UNITS		MGD	SU	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
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2									
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4									
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30									
31									
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY OR DAILY EFFL. LIMITATIONS EXCEEDED									
TOTAL FLOW									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF CERTIFIED OPERATOR)

DATE

PHONE NUMBER

CERTIFICATION NO.

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
OR AUTHORIZED AGENT)

DATE

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UNITS		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
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